## In the Court of Appeals of the State of Alaska

Roosevelt Hearod Jr.,	)	Court of Appeals No. A-12670
Appellant,	)	<b>Notice of Intent</b>
v.	)	to Appellant to
	)	<b>Enter Judgment For Cost of</b>
State of Alaska,	)	Appointed Attorney
	)	Appellate Rule 209(b)
Appellee.	)	
	)	Date of Notice: 6/5/19
Trial Court Case # 3KN-16-00158CR		

Unless you or the prosecutor objects by 7/22/19 (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your court-appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Sentence appeal or Petition for Sentence Review	\$ 250	\$ 500
Merit Appeal or Appeal from Post-Conviction Relief Proceedings	750	1,500

Ryan Montgomery-Sythe, Chief Deputy Clerk

Mailed to Appellant at his address in Kenai, Alaska

## Distribution:

Jane B Martinez Law Office of Jane B Martinez PO Box 113201 Anchorage AK 99511

Paul Morin Office of the District Attorney 120 Trading Bay RD., Suite 200 Kenai AK 99611

## In the Court of Appeals of the State of Alaska

Roosevelt Hearod, Jr.,	)	
	) Court of Appeals No. A-	-12670
Appellant,	)	
v.	) Opposition	
	) to Entry of Judgme	ent
State of Alaska,	) for Cost of	
. "	) Appointed Attorno	ey
Appellee.	)	
Trial Court Case # 3KN-16-00158CR	_)	
I oppose the entry of the proposed judappointed attorney for the following reason.   My conviction was reversed on approximation.	on(s):	of my court-
☐ I filed a petition for hearing (careversed. Judgment should be stayed.	se number S; conviction	on can still be
☐ I filed the following type of actio amount for this action:	on, but the clerk or court assess	sed the wrong
<ul> <li>Petition for Hearing</li> <li>Petition for Review</li> <li>Petition for Sentence Review</li> <li>Original Application</li> </ul>	☐ Sentence Appeal ☐ Combined Merit/Senter ☐ Merit Appeal ☐ Post-Conviction Relief	
☐ The clerk or court is proposing to en is not correct because all of my offer.	*	
☐ I should be assessed less than the sound hours on my case. (If you from your attorney showing the hours)	a check this box, you must attac	•
Other		
·		
Appellant's Daytime Phone Ap	ppellant's Signature	Date
Appellant's Mailing Address	City State	Zip
Mailed to State's Attorney on		